

National Institute on Alcohol Abuse and Alcoholism

**SERVICES FOR HOMELESS PEOPLE
WITH ALCOHOL
AND OTHER DRUG PROBLEMS**

**A Taxonomy for Reporting Data on the
Utilization of Services and on
Systems Level Linkage Activities**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse and Mental Health Administration**

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A TAXONOMY FOR REPORTING DATA ON THE
UTILIZATION OF SERVICES AND ON
SYSTEMS LEVEL LINKAGE ACTIVITIES

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TABLE OF CONTENTS

	<u>Page</u>
WORKING DEFINITIONS	'1
UTILIZATION OF SERVICES	2
• Category of Activity - Outreach	3
● Category of Activity - Shelter	5
● Category of Activity - Sobering	6
• Category of Activity - Detoxification	7
• Category of Activity - Recovery and Treatment	9
● Category of Activity - Case Management	11
● Category of Activity - Residential Services	12
ADJUNCTS TO PRIMARY RECOVERY SERVICES	14
SYSTEMS LEVEL LINKAGE ACTIVITIES	14
• Framework	14
● Measurement Approaches	15

A TAXONOMY FOR REPORTING THE UTILIZATION OF SERVICES AND ON SYSTEMS LEVEL LINKAGE ACTIVITIES

This brief concept paper presents a draft taxonomy for collecting and reporting data on the activities of the demonstration projects and other organizations related to homeless people with alcohol and other drug problems. The activities include both treatment activities, and activities intended to develop linkages between organizations concerned with this population.

The taxonomy is designed to give uniformity to the definitions of project activities. It also provides a basis for a standard format that projects can use for reporting information on service utilization, and program activities and implementation. We discuss working definitions, and then describe separately the service and systems level linkage activities included in the taxonomy.

WORKING DEFINITIONS

We use the term "activity" to refer to either a type of service to be provided to homeless persons with alcohol and other drug problems (i.e., service activities) or an interaction between organizations on behalf of this population (i.e., systems level linkage activities). Service activities (e.g., outreach and day shelter services) are organized together into programs or **"components"** (e.g., a drop-in center).

Components are usually distinct organizations or agencies. A single component may engage in one service activity or many service activities. For example, some "shelters" provide only **"shelter"** (i.e., a bed for the night); other components may also call themselves "shelters" but provide outreach services and engage in recovery activities in addition to providing shelter. In the taxonomy, we describe the service activities that can be provided by various components.

Systems level linkage activities are interactions between, organizations that are intended to improve the treatment or welfare of homeless persons with alcohol and other drug problems through increased interorganizational coordination or other means. These organizations include the components described above and other organizations that can influence the treatment and welfare of homeless people with alcohol and other drug problems in the project's specific locale. Together, these organizations compose the system, at which linkage activities are targeted. We will refer to this system as the "service system," and to the organizations that compose the system as "system participants."

UTILIZATION OF SERVICES

The basic activities include: outreach; shelter; sobering; detoxification; recovery and treatment; and case management. Each has subtypes, characterized by differing locations and sub-functions. We are suggesting a basic level of detail for statistical reporting for all projects and a more detailed level for projects that would find it useful to be more specific. In this section, we list the activities; define them; further characterize subtypes; and suggest units of service and report formats for each activity.

CATEGORY OF ACTIVITY - OUTREACH

Working Definition:

Outreach is a process of seeking out persons in their natural environment in an attempt to engage them in formal services. Those individuals who are thought to need (or want) assistance are offered services. Outreach involves a number of inter-related functions:

- Case identification (i.e., finding individuals)
- Needs assessment (i.e., determining the needs or wants of identified **"cases"**)
- Engagement (i.e., reducing barriers to service use by those who are **"in need"**)
- Direct services (i.e., meeting needs by delivering services in the natural environment, designed to promote access to use in formal service settings and to facilitate shelter and recovery for individuals who are difficult to engage in formal services)

Potential Measures:

Contacts and number of persons served are the basic unit of reporting. Hours of contact may be an important measure for components that wish to focus special attention on outreach.

Potential Reporting Format:

Data on contacts may be specified by type of contact (i.e., case identification, needs assessment, engagement, direct service). Each contact can be characterized by the principal outreach function performed: **or** by any or all of the types of outreach performed in any one contact. For example, if a contact involved needs assessment for more than 50 percent of the time with a bit of case identification and direct service, the contact could be characterized as a **"needs assessment outreach contact."**

It is recommended that each contact be characterized by its principal function (i.e., case identification, needs assessment, engagement, direct service) or placed in a category of **"mixed outreach,"** only if no single function predominates (i.e., accounts for more than 50 percent of the effort).

The basic data set should include a duplicated count of the number of outreach contacts and the principal outreach function performed, as well as an unduplicated count of individuals contacted by all outreach workers during a reporting period.

The terms **"duplicated"** and **"unduplicated"** refer to the ability to identify individuals uniquely in a data collection system. An unduplicated count enumerates the number of individuals served separately from the number of service units provided. A duplicated count identifies events or episodes **of** service involving a single individual without knowing whether a particular individual used this service in the past. Duplicated counts may enumerate multiple service events for a single individual. For example, a duplicated count of outreach contacts would not be able to distinguish six contacts by six clients from six contacts **by a** single client.-

CATEGORY OF ACTIVITY - SHELTER

Working Definition:

Shelter services are group residential accommodations providing a temporary place to stay indoors on a one day/night at a time, **first-come, first-served** basis. There are several types of shelter services:

- Night shelter (i.e., providing a place to sleep at night)
- Day shelter (i.e., providing a place to stay during daylight hours)
- Dry shelter (i.e., providing a place for persons who are not intoxicated)
- Wet shelter (i.e., providing a place for persons without regard to state of intoxication)

Shelter services may be characterized further in a number of ways:

- Clientele (i.e., whether they serve only single individuals, couples without children, families with children, or mixed arrangements)
- Length of stay (i.e., whether they have a strict **one-night-only** policy or accept clients for more than one night)

Potential Measures:

Units of service should be measured in a duplicated count of nights (or days) of shelter and an unduplicated count of individuals provided shelter in a specified period of time.

Potential Reporting Format:

Data on shelter should be provided separately for night and day shelter. Where relevant, finer subtypes of shelter services should be reported in the categories identified above (e.g., wet and dry shelter nights or days, according to length of stay or clientele categories).

CATEGORY OF ACTIVITY - SOBERING

Working Definition:

Sobering is an activity permitting intoxicated individuals to reduce their level of intoxication **"off** the street" in relative safety. Sobering often is offered in **"stations"** which permit an intoxicated person a place to **"sleep it off"** without requiring that the individual enter a program of detoxification. Sobering may be provided in a diversity of settings (including jails and hospital emergency units) and may be combined into a component offering shelter or **"detox"** activities.

Potential Measures:

Sobering services should be measured in units of visits. A duplicated count of visits and an unduplicated count of visitors **is** desired.

Potential Reporting Format:

A distinction may be useful between sobering provided in designated **"stations"** and sobering provided in other settings. It may also be useful to distinguish sobering activities based on the expected length of stay.

CATEGORY OF ACTIVITY - DETOXIFICATION

Working Definition:

Detoxification (or "**detox**") is a process of reducing the level of intoxication to zero in a supervised setting. Activities often included in detox programs include outreach, evaluation, referral, and the initiation of recovery activities (e.g., Alcoholics Anonymous meetings).

One conceptual framework for detox considers all such services to be provided in a **24-hour** setting and divides all detox services into the following categories:

- Social model
 - "**horizontal**" (i.e., in bed)
 - "**vertical**" (i.e., ambulatory)
- Medical model
 - hospital
 - non-hospital
 - .. medically supervised
 - .. not medically supervised

Another conceptual framework (used in statistical reports of the NIAAA) divides all detox into the following categories:

- **24-hour** detox
 - medical model
 - social model
 - rehabilitation model
 - custodial domiciliary model
- Less-than-24-hour detox
 - ambulatory medical
 - limited care (including day care)
 - outpatient services

Each of these types of detox may **be** further characterized by location, including:

- Hospital
- Quarterway house
- Halfway house/recovery home
- Other residential
- Outpatient facility
- Correctional facility

Each of the types of detox can **be** characterized by the actual subcategories of activities performed in each type. For example, medical detox includes supervision of all client behavior by medically trained staff and use of medication to control withdrawal; whereas, social model detox includes peer-generated contacts between clients and the absence of medication.

Describing subcategories of activity at this level of detail is not recommended for routine statistical reporting for the evaluation, although it may be useful for describing detox programs in each site.

Potential Measures:

In either framework units of detox services may be measured in admissions, deaths, and/or **"live"** discharges. The count may be duplicated or an unduplicated count of individuals served per reporting period. Those services provided on a 24-hour basis should be reported in days of detox, as well as admissions or discharges. Services provided on a less-than-24-hour basis should be reported in visits.

Potential Renortins Format:

A consensus will have to be reached on a conceptual framework to be used for **data collection, prior to** developing a suggested reporting format. At a minimum the format will include social and medical models in 24-hour and less than 24-hour settings.

CATEGORY OF ACTIVITY - RECOVERY AND TREATMENT

Working Definition:

Recovery and treatment services include an **array of** activities directed at facilitating a "**drug-free**" life. They include:

- Medical and other health care treatment services such as hospital and outpatient care
- Alcohol and other drug education
- Counselling
- Evaluation of client needs
- Referral
- Self-help services

Potential Measures:

Assessment and evaluation services may be reported as sessions or hours. An unduplicated count of individuals is desirable.

Disposition and referral services may be reported as sessions or hours. An unduplicated count of individuals is desirable.

Medical and other health care services may be reported as:

- Hospital admissions/discharges and days of care-- hospital stays have been categorized according to activities performed during the stay:
 - admissions for detox only
 - admissions for rehabilitation (recovery)
 - admissions for detox and rehabilitation
- Partial hospital admissions and partial days of care
- Residential care admissions/discharges and days of care. Residential care may be further divided by size:
0 - 6 beds, 7 - 20 beds, > 20 beds.
(There are a variety of non-medical residential services that are considered elsewhere in this discussion.)

Alcohol and other drug education services should be reported as hours of service. An unduplicated count of individuals served is desirable.

Self-help services should be reported in units of sessions. An unduplicated count of individuals is desirable.

Counseling services should be further characterized as provided by peers or professionals and as 1 : 1, group, or family services. Units of service should be measured in sessions, but hours of service is preferred. An unduplicated count of individuals in counseling is desirable.

Potential Reporting Format:

Because of the complexity of this section, no specific report format is described, here, at this time, other than formats suggested in the section on potential measures.

CATEGORY OF ACTIVITY - CASE MANAGEMENT

Working Definition:

Case management is a complex activity combining an array of clinical-administrative sub-activities intended to promote recovery and reduce homelessness. The clinical-administrative activities include:

- Outreach (defined in more detail above)
- Assessment and evaluation
- Service planning
- Advocacy (i.e., working on behalf of the client to protect rights)
- Benefits acquisition (i.e., assisting the client to receive benefits, such as income assistance, housing or food vouchers)
- Service linkage (i.e., facilitating access to an array of needed services to promote continuity of care)
- Service monitoring (i.e., assuring that services identified by a plan of care are carried out as planned, often in a cost-effective manner. This function may be coupled with "resource management" in which the case manager controls access to the resources of the system, serving as a **"broker"** of services.)

Potential Measures:

Case management is measured in contacts by type of case management activity.

Potential Reporting Format:

It may only be possible to characterize each contact by the predominant activity performed (or as **"mixed"** case management, if no single activity accounts for more than 50% of the effort), as is described for outreach services, above. An unduplicated count of individuals in case management is necessary.

CATEGORY OF ACTIVITY - RESIDENTIAL SERVICES

Working Definition:

Residential services provide living accommodations other than those provided in shelter, detox, or 24-hour medical settings. They may be categorized along a number of dimensions. The most important dimensions include the function (and time frame) of providing living accommodations, whether the housing is individual, family, or congregate (other than family), and the level of supervision (and programmatic involvement).

- Functions
 - expected length of stay (LOS)
 - .. crisis intervention (which may be indistinguishable from multiple night shelter stays) (LOS of a week or two)
 - .. transitional housing (such as provided in halfway and quarterway houses - LOS up to 6 months)
 - .. intermediate stay (up to 2 years)
 - .. long-term residential (indefinite LOS)
 - programmatic policies concerning alcohol and other drug use on the premises
 - .. alcohol and drug-free residences
 - .. supervised medication only
 - .. "slips" permitted
 - .. "slips" not permitted
- Supervision
 - 24-hour (peer or staff)
 - live-in staffing
 - independent living
- Programmatic activity on residential premises

Potential Measures:

Residential activities are measured in stays and days.

Potential Reporting Format:

There are so many different categories that it may be best to combine the taxonomy on supervision and programmatic activity and reduce the number of categories to the following:

- No supervision
- Peer only
- Occasional
- Live-in (non-programmatic)
- Live-in (programmatic)

Other residential characteristics that might be included in a taxonomy include size (number of units and number of residents per unit), whether the residence serves only persons with alcohol and other drug problems or is for "mixed **use,**" and the nature of the neighborhood (i.e., isolated or in the midst of drug use).

ADJUNCTS TO PRIMARY RECOVERY SERVICES

There are other **services** provided to homeless individuals with alcohol and other drug problems:

- Vocational rehabilitation
- Legal services
- Mental health services
- General medical services
- Dental services
- Non-legal advocacy*
- Benefit acquisition (e.g., income support, housing, food, transportation)*
- General education (e.g., GED studies, night school)

These services may be categorized further, but for purposes of general reporting, it is probably sufficient to simply identify whether or not the services are provided. Specific projects may have specific needs to report at a higher level of detail. For example, programs for individuals with a mental disorder as well as alcohol or other drug problems may wish to report mental health use data. Programs that focus on vocational rehab may need to report more detail on services provided.

SYSTEMS LEVEL LINKAGE ACTIVITIES

A major objective of the **NIAAA** Demonstration is for projects to improve linkages and coordination among service providers, and other organizations that can influence the treatment and welfare of homeless people with alcohol and other drug problems. The descriptions of activities in this section are intended to provide a basis for reporting on project activities for achieving this objective.

Framework

Systems level linkage activities are intended to establish or strengthen the interactions among existing and potential system

* These services may be provided by case management.

participants. These activities can be thought of in the **abstract** as resource exchanges that occur among several types of participants in the service system.

The three types of resources that can be exchanged among the participants are finances, information, and people (i.e., personnel and clients). The three types of participants are service providers, general community (e.g., neighborhood associations, police, and housing authority), and local **policy-makers** (e.g., director of a service agency, mayor, and district attorney).

Participants can engage in the following six types of exchanges: (a) service providers to service providers: (b) service providers to policy-makers: (c) policy-makers to policy-makers: (d) **service** providers to general community; (e) policy-makers to general community: and (f) service providers to policy-makers to general community. Note that the direction of the exchanges is unimportant for the taxonomy. The 18 possible categories of linkage activities can be described in a type of resource (i.e., three types) by type of exchange matrix (i.e., six types). (See Figure 1.)

Unlike client level activities, systems level linkage activities cannot be considered apart from their intent. For example, contacts between staff at different agencies are defined as linkages between the system participants that they represent only if the contacts concern the treatment or welfare of homeless people with alcohol and other drug problems.

Measurement Approaches

Measurement of system level linkages should probably be done both quantitatively and qualitatively.

Quantitative. We are interested in the number of activities--characterized by type of resource and type of exchange--that occur over the reporting period. We also would like to capture the amount of time and money allocated to linkage activities..

Exchanges of the three types of resources can be measured in several ways.* Financial exchanges between participants can be indicated by the transfer of money that is intended to improve the treatment or welfare of homeless population. For example, a mental health center (i.e., service providers) may pay a local transitional housing facility (i.e., general community) for housing the former's homeless clients. Financial exchanges also can be indicated by in-kind services and materials that can reduce the cost of treating homeless clients with alcohol and other drug problems. For example, the health department as a

Figure 1
Possible Categories of Systems Linkage Activities

<u>Type of Exchange</u>	<u>Type of Resource</u>		
	<u>Financial</u>	<u>Informational</u>	<u>People</u>
Service providers to service providers			
Service providers to policy-makers			
Policy-makers to policy-makers			
Service providers to general community			
Policy-makers to general community			
Service providers to policy-makers to general community			

service provider may provide the city council, as policy-makers, with educational pamphlets on the need for special emergency room services for homeless people.

Information exchanges can be indicated in a wide variety of ways. These include phone calls, meetings, public relations communications, education, and written communications among participants. For example, a systems level linkage activity involving information exchange among service providers, general community, and policy makers would be information presented by the provider at a community meeting on the influence of its services on the problem of jail overcrowding caused by chronic public inebriates.

People exchanges are indicated primarily by client referrals between service providers. For example, service providers are likely to receive referrals from the police (i.e., general community) and shelters (i.e., service providers) for homeless clients that are inebriated. Similarly, service providers are likely to refer clients to other service providers for specialized services.

We may want to include one other type of activity that is not an exchange: preparation for exchanges. For example, preparation could take the form of meetings within a service provider agency designed to prepare for a community meeting on the issue of homelessness that includes other system participants. Most often, preparation will occur within one system component.

Qualitative. In addition to quantifying activities, we are interested in what the discrete activities mean or contribute to establishing and strengthening system linkages over time. This requires thinking in molar terms. Important questions that should be addressed within a reporting period include: What is the objective of a set of activities (e.g., five meetings with service providers were intended to identify housing alternatives for homeless people); and to what extent did they achieve the intended objective.

* The measures described in this section are far from exhaustive and may not be mutually exclusive.